



Interim Care Centers for Children Affected by Ebola in Liberia

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A. Introduction

For the first time in several weeks in this reporting period, there were no new EVD cases reported. The last reported case was a 17-year-old male who died on 28 June 2015 and tested positive for EVD. Five contacts associated with this case were confirmed as EVD-positive. One of the cases reported in the second week in July had symptoms and was quarantined at home in Montserrado County. These additional cases can be traced to the detected case, and were being treated in an Ebola Treatment Unit (ETU) in the capital, Monrovia.

Preliminary evidence from genomic sequencing strongly suggested that the most likely transmission is re-emergence of the virus from a survivor within Liberia. During this final reporting period, following a significant decline in EVD transmission and rigorous surveillance, Liberia was declared free of EVD transmission by the WHO for the second time after the outbreak in Margibi County.

Due to the decline in the rate of the EVD transmission in Liberia, ChildFund in consultation with the OFDA/DART team agreed to close the 3 ICCs and 1 Transit Center in Margibi, Montserrado, and Nimba Counties by the end of June. This activity was completed by the second week of July 2015, in coordination with the Ministry of Health (MOH) and Ministry of Gender, Children and Social Protection (MGCPs). ChildFund followed the WHO/MoH guidelines and protocols for disinfection and decommissioning of these sites.

During this period, ChildFund Liberia continued the implementation of community-based activities, including establishing links between community-based responders (to urgently report EVD cases and child protection issues), and community-level monitoring of reunified children through the end of the project. The project focused on enhancing the capacity of gCHVs, Social Workers, and CWC members. This included, Child Protection trainings for Child Welfare Committee members, caregivers of children who were reunified and community leaders in the three counties. The project also supported training in SMS and IDTR (Case Management) on Community Links SMS, for case workers, community messengers and social workers during this period to ensure the care and protection of EVD-affected children in alternative placements through regular follow up

B. Protection Sector

Overview

EVD transmission in Liberia rapidly declined as the country was declared free of EVD transmission for the second time following the outbreak in Margibi County. Activities implemented during this quarter focused on strengthening the capacity of parents, caregivers and community stakeholders ensuring the reintegration of children and families affected by EVD, including the development and roll out of a comprehensive referral pathway enabling children and families affected by EVD to efficiently access basic services. Generally, four key areas of referral were identified. They include health care, education, psychosocial support and livelihoods/income generation. Additionally, the project emphasized targeting and reported services for child survivors and children orphaned as a result of EVD.

Table 1 indicates OFDA's objectives, sub-sectors, indicators and targets that the project aims to reach for the Protection Sector, progress for each target, and a comparison against the last two quarters.



Table 1: Protection Sector Beneficiary Data

Sector Name: Protection				
Objective: To create an interim protective environment for children separated from family due to EVD exposure; at-risk children have care, protection and support for early return to a parent, kinship or foster care arrangement.				
	Overall Target	Reached in Quarter 1 & 2	Reached this Final Quarter	Total for life of project
Number of People Targeted:	1,300 children (girls and boys)	91 Children (48 girls and 43 boys)	Follow – Up 53 children (36 girls and 17 boys)	146 children (86 girls and 60 boys)
	80 nurses and social workers (women and men)	308 ICC staff, Social Workers, gCHVs and child welfare committees (women 177, men 131)	34 (12 women and 22 men)	342 (189 women, 153 men)
Number of IDPs¹ Targeted:	20 children (girls and boys)	3 children (1 girl and 2 boys)	0	3 children (1 girl and 2 boys)
Sub-sector Name: Child Protection				
	Overall Target	Reached in Quarter 1 & 2	Reached this Final Quarter	
Indicator 1: Number of people trained in child protection, disaggregated by sex.	130 ICC staff, gCHVs, social workers, nurses and caregivers (women and men)	308 ICC staff, Social Workers, gCHVs and child welfare committees (women 177, men 131)	130 (45 women and 85 men)	438 (222 women, 216 men)
CFI Indicator 2: Number of children receiving care and support services in the ICC.	1,300 children (girls and boys)	57 children [34 girls (60%), 23 boys (40%)]	0 (ICCs were closed during this quarter as a result of the zero EVD infection in Liberia.	57 children [34 girls (60%), 23 boys (40%)]
CFI Indicator 3: Percentage of children in ICCs and communities assisted to reintegrate with a parent or appropriate kinship or foster placement.	40% of children (girls and boys) that received care and support services in the ICC	54/57 children; 33 /34 girls (98%); 21/23 boys (91%); of reunified children 65% (21 girls, 14 boys) were reunified with their family/parents; 30% (11 girls, 5 boys) were reunified through kinship care; 5% (1 girl, 2 boys) were reunified through foster care.	58% (53 of 91 children) 38 girls (72%); 17 boys (28%) in immediate family, kinship and foster care arrangement received well-being checks through follow up conducted by county social workers.	

¹ As stated in the original proposal, IDPs is defined as children who entered ICCs in a county other than their home county, often because a parent or other caregiver sought EVD treatment in Monrovia and the children accompanied the parent or other caregiver.



Identification and Placement of Children in ICCs

As previously mentioned no additional children were admitted to the ICCs following the decline of the EVD transmission. ChildFund disinfected and decommissioned the ICC following the proper disease prevention and control protocols.

Closing programs were held in all ICC locations. During closing, community leaders, surviving parents and caregivers of reunified children expressed thanks and appreciation to USAID/OFDA and ChildFund for the Project interventions which have helped them begin to recover from the traumatic events they experienced during the EVD outbreak.

Family Tracing, Reunification and Reintegration

ChildFund continues to engage county Social Workers, gCHVs and Child Welfare Committee to provide follow up and referral services to children reunified from ICC to their communities. The well-being checks intended to identify issues affecting the reintegration of children and facilitate appropriate actions to support sustained reintegration. Through the Community Links SMS platform, well-being checks were completed for 53 (36 girls, 17 boys) of the 91 children reunified from the ICCs in Montserrado, Margibi and Nimba Counties. Thirteen children (7 girls, 6 boys) were referred for health services, 3 children (all girls) were referred for education (being out of school as they were unable to afford uniforms and school fees), while 21 children (14 girls, 7 boys) were recommended to receive one-off cash assistance from the MGCSP program.

Development and Roll Out of the Community Links SMS Platform & SMS and IDTR (Case Management) Training

During this final quarter ChildFund-Liberia conducted a review workshop with 56 Social Workers (23 female, 33 male) involved with the pilot of the Community Links SMS platform. The review aimed at identifying progress and challenges, and the way forward based on critical lessons learned. The involvement of Social Workers in the training sessions and the design stage was critical for the success of the follow ups conducted. Working with Social Workers on the government's payroll was more critical, as those paid by NGOs were on short term basis thus could not continue monitoring the well-being of children after their contracts ended. Social Workers highlighted the lack of transportation money and the rapid change in key contacts for referral agencies as the two biggest challenges. At the end of the review, an updated mapping of service providers was facilitated and data shared with the MGCSP.

Child Protection and Psychosocial Support Trainings

A total of three trainings were conducted in 3 counties for 95 participants (32 Women, 63 Men) including Community Leaders, Child Welfare Committees and families providing care and support for children affected by EVD in the communities. The CP and PSS training focused on reinforcing the capacity of community based structures and families to identify and respond to the abuse, neglect and violence against children in their communities through direct action and/or referral to relevant actors in order to ensure the care and protection of children and to realize a sustained reintegration. The training was conducted jointly with staff of the MGCSP and ChildFund.

As a result of these trainings provided to gCHVs, CWCs, Community Leaders and Social Workers, they have been facilitating community meetings, following up and provided referral for children in their respective counties and communities.

C. Health Sector

Overview

Despite the huge decrease in the EVD infection rate in Liberia, during this period, ChildFund-Liberia responded to the outbreak in Margibi County. During the initial phase of the response, ChildFund identified the gap in the lack of documentation of children in affected households which was discussed in one of the IMS meetings as serious Health and Protection concern for those children. Subsequently, ChildFund provided an orientation for all PSS members on the rapid registration of children in affected households including a needs assessment. As a direct result of this capacity building exercise, 57 (34 girls, 23 boys) children were documented using a standard Ministry of Gender



Children and Social Protection and Health forms for registering children affected by EVD. The rapid registration helped the system to track children in affected households to prevent separation of children. Unlike the initial period of the outbreak where children's needs were not identified and addressed in a rapid manner, this time with the help of the rapid registration, service providers were able to identify and link to children to the services they needed the most in a timely manner.

ChildFund conducted two refresher trainings for 50 (38 male, 12 female) Community Health Workers, as planned, achieving the intended target, as CHWs continue to work closely with Social Welfare Assistants and District and Country Health teams to refer affected children for ongoing health and protection needs in Margibi and Nimba Counties. During this reporting period, indicators related to Communicable Disease remain at zero, due to the decline in infection rate in Liberia.

Table 4: Health Sector Beneficiary Data

Sector Name: Health				
Objective: To prevent and control EVD transmission among children admitted to ICCs, and limit stigmatization of children exiting ICCs, in order to allow their full reintegration with family in supportive communities.				
	Overall Targets	Reached in Quarter 1 & 2	Reached this Final Quarter	Total for life of project
Number of People Targeted:	15,500 people (women and men, girls and boys);	1,726 total Adults: 664 (331 women and 333 men) Children: 1,044 children (544 girls and 500 boys)	215 men and women along with 53 children and their families were reached in Margibi and Nimba Counties	1,941 adults and 1,097 children
	50 Community Health Workers (50% women and 50% men)	157 (81 women and 76 men)	50 Community health Workers (12 women and 38 men) – Refresher course	157
Number of IDPs Targeted:	200 persons and 0 Community Health Workers.	0	0	0
Sub-sector Name: Communicable Diseases				
	Overall Targets	Reached in Quarter 1 & 2	Reached this Final Quarter	Total for life of project
Indicator 1: Incidence and prevalence of EVD by sex and age.	0%	2% (1 boy age six of 54 children in ICCs; 0% of girls and 5% of boys; 8% of boys ages 5-14, 0% of all other sex and age groups)	0	
Indicator 2: Number and percentage of EVD cases diagnosed and treated per standardized case management protocols, by age and sex.	390 out of anticipated 1,300 children entering ICCs (30%)	1 case (boy age six) (2% of total children in ICCs; 0% of girls,	0	



Indicator 3: Case fatality rate of EVD by sex and age.	0%	1 case fatality (boy age 6); case fatality rate (1 of 1 EVD case: 100%)	0	1
Sub-sector Name: Community Health Education/Behavior Change				
	Targeted this Quarter	Reached in Quarter 1 & 2	Reached this Final Quarter	Total for life of project
Indicator 1: Number of Community Health Workers trained and supported (total and per 10,000 population in target area), by sex.	50 Community Health Workers (50% women and 50% men)	157 [(81 women (52%) and 76 men (48%)]	Conducted refresher training for 50 Community health Workers (12 women (23%) and 38 men (77%))	157 (81 women, 76 men)
Indicator 2: Number and percentage of community members utilizing targeted health education message practices.	15,500 people (women and men, girls and boys);	0	0	0

Sub Sector: Community Health Education/Behavior Change

The rapid spread of the EVD in Liberia at the peak of the emergency impacted the behavior of community members. For example, community members reflected on and then modified the traditional behaviors toward handling sick people and the deceased. ChildFund – Liberia continue to disseminate health education and behavior change messages throughout the community within the project’s operational areas. During this period, 215 men and women in Margibi and Nimba Counties were sensitized, while 53 children along with families were also reached. A total of 500 T-shirts, 1,000 leaflets and flyers were distributed to Child Welfare Committee members and community leaders.. The materials produced have target-specific messages and information on EVD prevention and reduction of stigmatization of EVD-affected children. It is anticipated that these events and efforts by other players will contribute to the positive change in attitudes of the community members towards the prevention of discrimination against the survivors and children who have passed through the ICCs.

D. Challenges and Solutions

Despite all the efforts dedicated to project implementation over the period, ChildFund could not achieve the original objectives and deliverables. This was mainly due to the fact that there is zero infection rate, with WHO declaring the country free of Ebola for the second time and also closing of the ICCs which affected the main component of the project (the ICC operations). ChildFund recognized the changing context, in close consultations and guidance from the OFDA/DART team, major adjustments were made to focus on the link between the ICC’s to the Communities through more community engagement and increased capacity building activities for additional stakeholders (Child Welfare Committee members, Community Leaders etc.), and also supporting the decommissioning and ICC closure events.

As this project has come to a close, it is envisaged that these trained volunteers including community leaders, caregivers, Social Workers, Child Welfare Committees will remain within the communities, and they will continue to use the skills acquired through this project for future programs. ChildFund under this project facilitated the linkage of community structures such as CWCs and gCHVs to the formal system through joint awareness and campaigns in disseminating behavior change communication messages through which the county health teams and social workers continue to see the structures in the community as vital resources they will continue working with. Both the essential package for health services of the Ministry of Health and the Essential Package for Social Services defined gCHVs, CWCs and Social Workers as key entry points to the provision of services to underserved population including the most vulnerable as such the knowledge and skills acquired from the trainings will remain a vital resources as the continue to engage in health promotion and identification and referral of children in their respective districts and communities.



E. Lessons Learned

One of the lessons learned during the quarter under review is that, when designing emergency projects, there is need to have a well-articulated contingency plan to guide implementation of the projects at each stage of the emergency. This was not well thought out at the initial stage of design and implementation.

ChildFund recognized at the end of the project that sustainability of successes and ownership lies at the level of the local Government and Community structures. Resources and technical linkages provided to these structures help to sustain the intent of the project. However, one assumption made during the design stage was that, this project would be operational during the active emergency and thereafter. This was not the case as there was an unexpected rapid decrease in the Ebola infection rate and changes had to be made to the original proposal to suit the existing context. In the future, opportunities like this should consider short term adjustments and prompt decisions made at all levels of the implementation.

F. Planned activity from October 2015

Activity	September	October
Disposal of Assets procured during the implementation of the Project		X